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By: Suzanne McHugh
Suzanne McHugh

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
Inventor: Schulman, et al.)
Serial No.: 10/053,430) Group Art Unit: 1732
Filing Date: October 22, 2001) Examiner: Leo B. Tentoni
For: SOLID FREE-FORM)
FABRICATION METHODS FOR)
THE PRODUCTION OF DENTAL)
RESTORATIONS)

AMENDMENT A

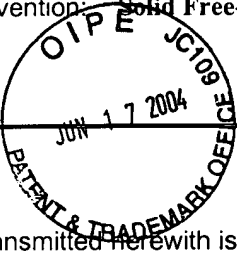
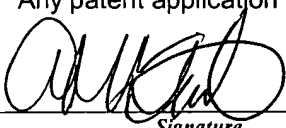
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the following amendments to the above-identified application in response to the Official Action mailed January 2, 2004.

06-18-04

JPW/732

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. JPP-1210CIP-2	
Applicant(s): Martin L. Schulman, Carlino Panzera					
Application No. 10/053,430	Filing Date 10/22/2001	Examiner Leo B. Tentoni	Customer No. 34214	Group Art Unit 1732	Confirmation No. 7043
Invention: Solid Free-Form Fabrication Methods for the Production of Dental Restorations					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0718 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: June 17, 2004		
ANN M. KNAB REG. NO. 33,331			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><hr/><p style="text-align:center">Signature of Person Mailing Correspondence</p><hr/><p style="text-align:center">Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					